

## EXHIBIT E



**ARKANSAS DEPARTMENT OF HEALTH**  
Vital Records  
**CERTIFICATE OF DEATH**

FILE NUMBER 2018020274

1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>BARBARA JEAN BROWN</b>				2. SEX <b>FEMALE</b>		3a. DATE OF DEATH <b>AUG. 27, 2018</b>		3b. TIME OF DEATH <b>06:20 PM</b>	
4. SOCIAL SECURITY NO. <b>■■■■-■■■-2683</b>		5a. AGE at Last Birthday <b>87</b> (Years)		5b. UNDER 1 YEAR Months: <b>■■■</b> Days: <b>■■■</b>		5c. UNDER 1 DAY Hours: <b>■■■</b> Minutes: <b>■■■</b>		6. DATE OF BIRTH <b>■■■■-■■■-1931</b>	
7a. RESIDENCE STATE OR FOREIGN COUNTRY <b>ARKANSAS</b>				7b. COUNTY <b>NEVADA</b>		7c. CITY OR TOWN <b>PRESCOTT</b>			
8d. NUMBER AND STREET <b>118 RIDGEWOOD RD</b>				8e. APT. NO. <b>■■■</b>		8f. ZIP CODE <b>71857-2803</b>		8g. INSIDE CITY LIMITS? <b>YES</b>	
9. EVER IN US ARMED FORCES? <b>NO</b>		10. MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>				11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.) <b>HERMAN BROWN</b>			
12a. IF DEATH OCCURRED IN A HOSPITAL				12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <b>DECEDENT'S HOME</b>				12c. COUNTY OF DEATH <b>NEVADA</b>	
12d. FACILITY NAME (If not institution, give number & street) <b>HOME</b>				12e. CITY OR TOWN <b>PRESCOTT</b>				12f. ZIP CODE <b>71857-2803</b>	
13. FATHER'S NAME (First, Middle, Last) <b>MARCUS NEWTON SHELTON</b>				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>LAURA JANE WALKER</b>					
15a. INFORMANT'S NAME <b>HERMAN BROWN</b>		15b. RELATIONSHIP TO DECEDENT <b>HUSBAND</b>		15c. MAILING ADDRESS (Number and Street or P.O. Box, City, State, Zip Code) <b>118 RIDGEWOOD RD, PRESCOTT, AR, 71857-2803</b>					
16a. METHOD OF DISPOSITION <b>BURIAL</b>				16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>PINEY GROVE CEMETERY</b>					
16c. LOCATION II CITY, TOWN, AND STATE <b>PRESCOTT, ARKANSAS</b>				17a. EMBALMER'S NAME <b>CARLTON EDWARD MCKINNON</b>					
17b. EMBALMER'S LICENSE # <b>21333</b>				17c. SIGNATURE (FURNAL SERVICE LICENSEE OR OTHER AGENT) <b>/s/ BEN L BRAZZEL</b>					
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>BRAZZEL-CORNISH MORTUARY 1196 HWY 371, PRESCOTT, AR, 71857</b>				17e. LICENSE # <b>070</b>					
18a. DATE PRONOUNCED DEAD <b>AUG. 27, 2018</b>		18b. TIME PRONOUNCED DEAD <b>06:20 PM</b>		18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) <b>DAVID JAMES GUMMESON, CORONER</b>				19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>YES</b>	
20. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. <b>IMMEDIATE CAUSE</b> (Final disease or condition resulting in death) <b>a. UNKNOWN NATURAL CAUSES</b> <small>Due to (or as a consequence of)</small> <b>b. COMPLICATIONS FROM NEOPLASM OF THE STOMACH</b> <small>Due to (or as a consequence of)</small> <b>c. N/A</b> <small>Due to (or as a consequence of)</small> <b>d. N/A</b>				<b>APPROXIMATE INTERVAL:</b> Onset to Death <b>UNKNOWN</b> <b>MONTHS</b> <b>N/A</b> <b>N/A</b>					
21. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>UNKNOWN</b>				21a. WAS AN AUTOPSY PERFORMED? <b>NO</b>					
				21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
22. MANNER OF DEATH <b>NATURAL</b>				23. DID TOBACCO USE CONTRIBUTE TO DEATH? <b>NO</b>					
24. IF FEMALE: <b>NOT PREGNANT WITHIN THE PAST YEAR</b>				25a. DATE OF INJURY (Mo/Day/Yr)					
25b. TIME OF INJURY				25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				25d. INJURY AT WORK?	
25e. LOCATION OF INJURY (Number, Street, Apartment No., City, State, Zip Code)				25f. DESCRIBE HOW INJURY OCCURRED:					
25g. IF TRANSPORTATION INJURY, SPECIFY				26a. CERTIFIER (Check only one): <b>E1: Coroner</b> On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. SIGNATURE: <b>/s/ DAVID JAMES GUMMESON</b> TITLE: <b>CORONER</b> DATE: <b>AUGUST 29, 2018</b>					
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) <b>DAVID JAMES GUMMESON, CORONER 1509 NEVADA 18, PRESCOTT, AR, 71857</b>				26c. LICENSE #					
27a. SIGNATURE OF REGISTRAR <i>Shirley Louie</i>				27b. FOR REGISTRAR ONLY - DATE FILED <b>AUG. 29, 2018</b>					

\* DENOTES AMENDED ITEMS:



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

SEP 10 2018

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*Shirley Louie*  
Shirley Louie  
State Registrar

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